DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CARRINGTON MANOR (410261)
Address: 2626 FINGER RD, GREEN BAY, WI 54302

License Status: REGULAR

Licensed/Certified/Registered 03/01/1994

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey	History

Survey ID: 0093703 End Date: 11/15/2004 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007055 Served 12/09/2004

		<u>comprairee</u>	
<u>Deficiencies Cited</u>	Subject Area	<u>Veri fied</u>	Corrected
02.21(4)()	DDOMBT AND ADEQUATE THE ATMENT		

Compliance

83.21(4)(p) PROMPT AND ADEQUATE TREATMENT

83.32(2)(a)1 PHYSICAL HEALTH

83.33(2)(d) COMMUNITY ACTIVITIES

83.33(2)(g)1 HEALTH MONITORING-COMMUNICABLE DISEASE

83.41(10)(b) MECHANICALS IN GOOD REPAIR 83.42(3)(f) SLEEPING HOURS EVACUATION DRILL

Survey ID: 0092150 End Date: 02/19/2004 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006943 Served 03/20/2004

Compliance

Deficiencies CitedSubject AreaVerifiedCorrected83.33(2)(d)COMMUNITY ACTIVITIES11/15/2004No

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 12/07/2004 SOD #10007055 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(p)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(2)(d)

Date: 06/03/2003 SOD #10006234 Appealed: No

Sanctions

FORFEITURE---83.15(1)(c)1 FORFEITURE---83.33(2)(c)

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P.O. Box 2969

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Complaint History

Date Complaint Received: 10/25/2004 Date Investigation Completed: 11/16/2004

Subject Area(s)ResultSOD #RESIDENT RIGHTSSUBSTANTIATED10007055

Date Complaint Received: 02/18/2004 Date Investigation Completed: 02/24/2004

Subject Area(s) Result SOD #

MEDICATIONS NOT SUBSTANTIATED

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